

**St. Thomas More School
788 Ohio Pike
Cincinnati, OH 45245**

FIELD TRIP PERMISSION FORM

Teacher: **Mrs. Seibert**

Grade: **1**

Destination: **Greenacres Foundation**

Address: **8255 Spooky Hollow Road
Cincinnati, OH 45242**

Phone: **513-891-4227**

Purpose: **Learn how we can use the Classical Arts to
express feelings and ideas through our senses.**

Date: **Monday, May 15**

Method of Transportation: **West Clermont Bus** (*provided by PTO*)

Departure from School: **9:30 am**

Return to School: **12:30 pm**

Meals: **disposable brown bag lunch and drink (no pop)**

Dress Code: **comfortable clothing**

Cost per Student: **Free**

Emergency Phone Number where students can be reached: 513-753-2540

.....

PLEASE COMPLETE AND RETURN THIS PORTION TO SCHOOL

I hereby request that my child _____ who is in homeroom ____ be
allowed to participate in the field trip to **Greenacres**.

I agree to hold harmless the staff of St. Thomas More School and its employees and
volunteers and the Archdiocese of Cincinnati from all liability arising from or related to
any illness or injury incurred by my child while participating in or traveling to or from this
activity. I understand that my child is obligated to cooperate with all staff and
volunteers assisting or directing this activity or transportation.

Parents' Emergency Phone Numbers _____ or _____

Parent/Guardian Signature _____